VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

		No/	0	2	
۳.	Diat.	No/	0	d.	

	Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If ootside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn in the state give residence of mother) State County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
4. Sex 5. Color or raco 6.(a) Singlo, married, widowed, or divorged Tomele white Single	3. (b) Social Security Number NONE MEDICAL CERTIFICATION 20. DATE OF DEATH. 27 19 K 1 21 5 7 21
6.(6) Name of husband or wife	21. I CERTIFY Ihal death occurred on the dale above stated: that I attended deceased from 2. 1. 2. 19. 4. 10. 2. 2. 19. 4. and that I last saw h
8. AGE: Years Months Days It less than one day 4	Due to. Due to. Other conditions grandful attend
14. Maiden name. Collen bassett 15. Birthplace Belterine Cel Ind 16. Informant Min Bachel Statebuch Address Whole Thall. Ind	(Include pregnancy within 8 months of death) Major findings el operations
17 Build Baio thereof Man 1 9 4 4 (Boriai, cremation, or repayal, Which?) Cemetery or crematory that Hall R.F.D Location Labelt Revenue Reve	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Addross White Hell hil. 19. May 154 1846 Thomas R. Brown (Date ree'd by registrar) Registrar	23. SIGNATURE Of ho. 7 Land M. D. orether M. D. orether M. D. orether M. D. orether Date signed 2/22/46

CHILAR & AID STEADS IN LITTLE

RECUIVED | BUREAU V . .

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important. NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

01651

CERTIFICATE OF DEATH

Harford				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town				State Md. County Harford			
			URAL and give nearest town)	City or town(If ontside city or town limits,			
			***************************************	(If ontside city or town limits, 211 S. M.	ain St.	erest town)	
	T D WCTI		•••••••••••••••••••••••••••••••••••••••	(If rural, give	LOCATION)		
low long in hospital or	Institution?			2.(a) tf veteran, name war			
3. (a) FULL NAME K	enneth Ch	arles	Blades	3. (b) Social Security Number			
. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Male	White		Single	2D. DATE OF DEATH February 2	46	.2 P.	
.(b) Name of husband	or wife		***************************************	21. I CERTIFY that death occurred on the date above			
		6.(c) tf alive, give ageyears	19			
7. Birth date of deceased (mo., day, y	.) Feb. 2	, 1944		and that I last saw halive on			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Cerebral Hen	rorrage	2 h	
2	0	0	hrsmin.			*** ***********************************	
9. Birthplace			ord Md.	Due to			
10. Usual occupation				Due to			
11. Industry or business	_		11 - 1				
12. Name Fr	anklin Ch		***************************************	Dther conditions			
13. Birthplace	William			(Include pregnancy within 3 m			
14. Maiden name	Gert	rude Tu	rner				
2 AF BUILDING	Prov	idence,	R.I.	Major findings of operations			
					The state of the s		
				Autopsy results	ich death should be charged	statistically.	
Address	Bel Air			22. VIOLENCE: If death was due to external cause			
Burial, cremation,	a l	. Date ther	eof	Accident, suicide, or homicide			
		2 7 .	(month) (day) (year)				
Commetery or crematory Mt 310N Location Fountain Green				Where did injury occur?(City or town)			
			<u> </u>	Injured at home, farm, Industry, public place (wh	iere?)	******************	
X v1+				Means of Injury	injured at work?		
18. Funeral director	20		2-1	1 1011	1		
Address	-sec	un,	True!	p3. SIGNATURE Fred O He	sacous m. I).	
19. 2/3	1946	0;	usella Touvo	& Acting Deputy me	decor Examin	or other	
(Date rec'd by reg	19.76		Registrar	23. SIGNATURE A clung Deforty medical Esembles Feb 3 19 Address February Deforts Date signed Feb 3 19			

RECEIVED

FEB 7 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn in ants give residence of mother)
City or fows (If outside city or hown limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside only of town limits, write RURAL and give nearest town)
Hospital Institution, or sheet didress where death occurred:	Street No. 154 Stromberry St
107 Burnary	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME annie Osterkany	Bonhage 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 10
Temale While Nidowek	20. DATE OF DEATH 7 19 4-6 at 6 C. M.
Fredirick N Bowher	21. I CERTIFY their death occurred on the date above stated; that I ettended deceased from
6.(b) Name of husband or wife	Jan. 19 46 to Fet. 20 19 46
7. Birth date of 2 / 7 / 7	and that I last saw her alive on 7th 20 19 46
deceased (mo., day, yr.)	Impediachause of death DURATION
8. AGE: Years Months Days If less than one day	/ Supria hu mar Allis
hrsmin.	Choose of the Common
9. Birthpiace Mary Jane	Due la se
(Town, county and state)	
1D. Usual occupation.	Dug to J. B
11. Industry or business of the Wife	Covering of Susing
12. Name an Sow O'Stehkans	Dther conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name / Mary Stenger	
14. Malden name Mary Stenger 15. Birthplace mdb	Major findings of operations. Date of op.
mrs. Walter L. Jones	Autopsy results.
154 Blomsterre St Cet.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of Beromeroug St. Cory.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory our Branch Meth Ch. 4d.	Where did injury occur?
Nashard to and	Injured at home, farm, industry, public place (where)
Location Page 1	Meens of Injury
18. Funeral director, 1990 Menter	
Address Havre de Leave, Md.	(See Our / MA)
71-22 16 1. L. L. Lucion. S	23. SIGNATURE
18. (Date rec'd by registrar) Registrar	Address Hawre as June, Mil Date signed 2-22-66.

A15 SA WRITE PLAINLY, '

PLEASE

FEB23 1916 BUREAU V.B. MARGIN RESERVED FOR BINDING

VS A15

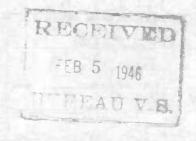
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred;	Street Mo
How long In hospital of institution?	2.(a) If veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, trarried, widowed, or divorced (3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, tharried, widowed, or divorced (MEDICAL CERTIFICATION 20. DATE OF DEATH. 7 LINEAU 19.4(2.5A
6.(b) Name of husband or wife 8.(c) If alive, rive age year	21. I CERTIFY that death occurred on the date above stated: that Lattended decreased from
7. Birth date of deceased (mo., day, yr.)	and that last saw harmalive on 1971 Immediate cause of death
7587 10 26hrs. mir	n.
9. Birthplace	Due 16
11. Industry or business	Due 10
13. Birthplace Mayland	(Include pregnancy within 8 months of death)
14. Maiden oame	Major findings of operations
Address aberden Mariland	Autopsy results
17. Burial, cremation, or removal, Whigh?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory	Where did injury occur?
18. Funeral director Sanay Taxassay House	Means of Injury Injured at work?
Address Pleastern ma	11/10/100





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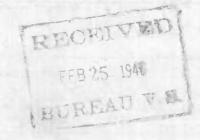
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1842

CERTIFICATE OF DEATH

Reg. Dist. No. 6/82

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	StateCounty
How long In above place of doath?	City or tawn
	(1f rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sax 5. Color or race (6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION 19 30
/-	20. DATE OF DEATH
B.(b) Nama of husband or wifa	porus 19, 8/2PM, 467 Feery 13, 9
B.(c) If alive, give ago years	and that I last asy helle slive on February 19 3 PM 18 4
7. Birth date of decoased (mo., day, yr.) Italy 19, 1946	Immediata cause of death for the DURATION DURATION
8. AGE: Years Montha Days If tesa than one day	Delita fra
71.11	Ex 1 41 stituet
9. Birthglace (Town, county, and state)	Due 10.
10, Usual occupation.	Duo to
11. Industry or business	
12. Name Harde Hours	Other conditions.
13. Birthplace	(Include pregnancy within 8 months of death)
15. Biriholace Mell's	Major findings af aperations.
16, Information of the Manager	Autopsy results
Address Fall stone med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 / Furial Date thereof Feb 70, 41	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicido, or homicide
(Burial, cremation, or regional. Which?) (month) (day) (year) Cemolery or cromalogy of the Centre o	Where did injury occur? (City or town) (County) (State)
Location Busson Tall.	Injured at home, farm, industry, public place (where?)
11.11 6 4-01.	Maana of Injury Injured at work?
Addreaa Peulou Ma.	- south Bres - som for he
19. 2/20 (Date rect by registrar) 19. Registrar	23. SIGNATURE M. D. of other Address Dale signed Co. 7



01655

CERTIFICATE OF DEATH

	Reg. Dist. No		
1. PLACE OF DEATH: /-/a r for d County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3.(a) FULL NAME Melvin Roe Brown	3. (b) Social Security Number		
1. Sex 1. Sex 1. Sex 1. Solor or race 1. Sol	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.46 at 7.9 at 7.0		
6.(b) Name of husband or wife	21. I CERTIFY That doath occurred on the date ebove stated; that I attended deceased from 19		
8. AGE: Years Months Days tt less than one dayhrsmin.	Frattie Clivile DURATION Prottie Clivile Dustant		
9. Birthplace (Town, county, and state) 10. Usual occupation La 60.7	Oue to		
11. Industry or business 12. Name Maffat Brown 13. Birthplace W. Va	Other conditions		
14. Maiden name	Major findings of operations		
16. Intermani Grant H Gaad Address Rocks	Autopsy results		
17	Accident, suicide, or homicide to calculate the suicident suicide to calculate the suicident sui		
Location Red 1. Colon W. Va. Va. 18. Funeral director Dean Jacks	Injured at home, farm, Industry, public place (where?) # showers Means of Injury Anto accident Injured at work?		
Address Belan min 19. 2 / 12 19. 46 Priscella Fourted Registrar	23. SIGNATURE Deputy Medical Examine Harford County M. D. or other Address. B. J. A. J.		

VS A15

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

4		-	11	0	5	E		
4.	Reg.	Dist.	No.		1	8	5-	

CERTIFIC	AIE OF DEATH Reg. Dist. No. /8 5
1. PLACE OF DEATH: County Hay County Cley or lown James Cley Cley or lown James Cley Cley Cley Cley Cley Cley Cley Cley	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
Cily or lown	Have de Klesse
Hospitat, institution, or street address where death occurred:	Sireel No. 420 N. March (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Cases 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married showed, or divorced	MEDICAL CERTIFICATION
Temale White Single	20. DATE OF DEATH. # 25 19.46, at 91-
8.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated: that Laltended deceased from
6.(c) If alive, give age	years Maca 18.7.0 to Tark 18.7
7. Birth dale of deceased (mo., day, yr.) 12/18/1873	and that I last saw harmalive on 19.5
8. AGE: Years Months Days It less than one day	Immediate cause of death
72 2 7hrs.	min.
9. Birthplace Harford G. Md.	Due to long her land
(Town, county, and state)	
16. Usuat occupation	Due to Cardiar Failure
11. Industry or business	
E 12. Name 1	Dther conditions
1 13. Birthplace (Saltingte, 1/1)	(Include pregnancy within 3 months of death)
E 14. Malden name // Agy Cinna // Can	Major findings of operations.
15. Birthplace Ballimore Ma-	Date of op.
16. Informant Meso Mary Elizabeth, Carel	Antopsy results
Address 420 Moun live. Hande Chase	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 2/28/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Bate thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Tany de There	Injured at home, farm, Industry, public place (where?)
18. Funeral director Central director Ce	Means of Injury Injured at work?
Address Have de Dease Md.	1/ 1/1/ Par
Fel 28 11 6 8 Line n.	23. SIGNATURE JI. D. or other
19. A-27 18.46 a. n. Neuros No. (Date rec'd by registrar) Regis	strar Address Francis Che Dean Die Hold 2/27

HITARO TO ATAOU THE

MAR 2 1946 BUREAU V.E. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

01657 Reg. Diat. No. 182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manufall County Law County City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. 33 MJ Could att (1f rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Olveeta Donalioo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Secural Single 8. (b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DAYE DF DEATH. The following of the date above stated; that I attended deceased from 19.46
8. AGE: Years Months Days It less than one day 8. Birthplace Transport Co. Md. 9. Birthplace (Town, county, and state)	Immediate cause of death CAN MYOCAR DIAL DISEASE GEN ARTERIO-SCLEROSIS Due to.
11. Industry or business 11. Industry or business 11. Name James L. Donalioo 12. Name Jacob Co. Md. 13. Sirthplace Hacford Co. Md. 14. Maiden name Mary & Osborn 15. Sirthplace Hacford Co. Md.	Other conditions (Include pregnancy within 3 months of death)
16. Informant Miss Mayfield Wallow Address Have de Grace P. F.D. 1	Major liudings of operations
17. (Buriai, cremation, or remoyal, Which?) Cemetery or cramatory Clesteraw Classes Location Near Oberdeen 18. Funeral director. Auxil Jacuary 8 Source	Accident, suicide, or homicide
18. Funeral director. Address Dekoseu Ind. 19. 2 / 4 1946 Puscilla Fourod (Date rec'd by registrar)	23. SIGNATURE De land P. Hedson M. D. or other Address Fales Hell Med Bate signed 3/14/14

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

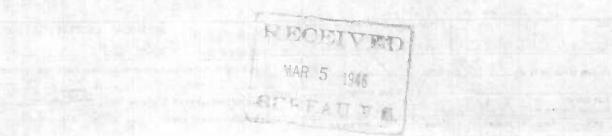
2411 N. Charles St., Baltimore 836

01658_

CERTIFICAT	TE OF DEATH Reg. Dist. No. /) 3
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RUBAL and give nearest town) Sireet No. 22 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Virginia L. Friege	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, parried, widowed, or divorced Female White Wedgayet 6.(b) Name of husband or wife William Finings / Clee.	MEDICAL CERTIFICATION 20. DATE OF DEATH. — L. 28 19 46 21 5 10 P. M 21. 1 CERTIFY that death occurred on the date above stated; that Lattended deceased from 19 46 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of deceased (mo., day, yr.) February 13, 1862 8. AGE: Years Months Days if less than one day 14	Immediate cause of death Duration Due to
10. Usual occupation 11. Industry or business 12. Name	Die to
16. informant Mrs. Walter Oston Address 219 D. Washington St. 1 fane de thace	Autopsy results
17. Bural (Burial, cremation, or removal. Which?) Cemetery or crematory (Many of Street House) Localion Hand of Strace	Accident, suicide, or homicide
18. Funeral director December & Registrar) 18. On L. Lais M. D. C. (Date rec'd by registrar)	Means of injury injured at work? 23. SIGNATURE M. D. or other Address Date signed 3/2/4

Address Address

ALTERNATION OF THE STATE OF THE



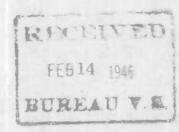
(H) MARGIN RESERVED FOR BINDING

A15 N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

	CERTIFICAT	E OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and How long in above place of death? How long in above place of death? Hospilat Institution, or street diddless where death occurred.	give nearest town)		County August County Co	
How long ly hospital or institution?	10 //	2.(a) If veteran, name war	3 (b) Social Secu	
Warry bress		llman	3. (b) Social Secu	rity Mumoer
Male White Widow	dowed, or divorced	MEDI 20. DATE OF DEATH	CAL CERTIFICATION	46 3 A.
6.(b) Name of husband or wife Jaura S. S. Jy 7. Birth date of deceased (mo., day, yr.) Cu g. 4, 18	re age years	and that I last saw h in alive o		1946
8. AGE: Years Months Days If less th	nan one dayhrs min.	Immediate cause of death	••••••••••••••••••••••••••••••••	DURATION
9. Birthplace		Due to	na Island	s wass
12. Name Francis Hardy IV. 13. Birthplace Ma.	ellmen	Dither conditions		
14. Malden name Gertha Cresser 15. Birthplace Mild.	ell	(Include pregnance		
16. Informant Mr. Harry M. I Yall Address 417 Broad Sh. / Kinneth Sg	luan Md.	Autopsy results		rged statistically.
17 Burial Date thereof Fe	1,13,1946 onth) (dal) (year)	22. VIOLENCE: If death was due to Accident, suicide, or homicide	Date of	
Cemetery or crematory		Where did injury occur?(Cits) Injured at home, farm, Industry, public	or town) (County) c place (where?)	(State)
18. Funeral director ! Madison Mitch	rell	Means of Injury	Injured at work?	7
7.1 1 1 1 1 1 1	Registrar	23. SIGNATURE Sames		D/or other (ned 2 - 11 - 4 h



01659

OF	DEATH	Reg. Diat. No.
2. USU.	AL RESIDENCE (HOM r newborn infants give reside	E) OF DECEASED:
State	man of	, County 257 W Gold
City or to		limits, write RURAL and give nearest town)
Sireet No.	• • • • • • • • • • • • • • • • • • • •	

(If rural, give LOCATION)

3. (b) Social Security Number

21. I CERTIFY that death occurred on the date above stated: that I attended deceased

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, industry, public place (where?)

Injured at work?

RM 12 1946 BUREAU S MARGIN RESERVED FOR BINDING

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 110-6

CERTIFICATE OF DEATH

01660 Reg. Dist. No. 182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Catherine THoopus	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wodinks &	MEDICAL CERTIFICATION 28. BATE DE DEATH FLG 1 15 1946 21 8 - PM
8. (b) Name of husband or wife. See See Hoopes 6. (c) If alive, give age years 7. Girth date of deceased (mo., day, yr.) Floy 14/1862 8. AGE: Years Months Days If less than one day hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Teb. 0. 1946. to Teb. 15. 19.46. and that I last saw h. 22 alive on Teb. 15. 19.46. Immediate cause of death ITROUCHO. PARCOMOZEO DURATION Plauris q. 2. Coeps
9. Birthplace	Due to
12. Name Joseph Treadwell 13. Birthplace M J 14. Malden name AKN Mechany 15. Birthplace M J 16. Informant Pools Treedwell Address Bellin M J	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. Burial Germation, or removal Which?) Cemetery or crematory. St. I g. Mat. (month) (dat) (year) Location. Bl. A.M. M. (Remail.) 18. Funeral director. Degree y. L.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address Villa Md 19. 2/18 19. 46 Piscilla Fourd (Date rec'd by registrar) Registrar	23. SIGNATURE Q. T. Vou Holes M. D. or other Address 13cl Qir, Md. Date signed 4816:1946

FEB 20 1946 BUREAU V. K.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town [If outside city or town limits, write RURAL and give nearest town]	State County County
How long in above place of death?	UILY OF TOWN
Hospital, institution, or street address where death occurred;	
	Street No
How tong in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
lasephit Ho	stlet none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White morning.	20. DATE OF DEATH. 30 P
mann al the	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of	years 19
deceased (mo., day, yr.)	and that I tast saw h. Jan. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
731 - 12hrs.	min.
undla Pal	- Callering the second
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Lities Forms	
11. Industry or business	Due to
12. Name 12. Name 13. Birthplace 12. Name 13. Birthplace 12. Name 13. Birthplace	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 11. 11. Birthplace 2 from Surve P	Major findings of operations.
E 15. Birthplace	Date of op.
18. Informant Olo Bar Lallean	Antopsy results
Address Standard P	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Day 1 - 11 - 11	22. VIOLENCE: If death was due to external causes, filt in the following;
(Buriel, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Mathematical Communication	Where did injury occur?
5 es es es t	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address 5 ann grand	Echrand of 94
710 90 00	23. SIGNATURE COUNTY AND OF Other
19 THE 2 1946 Thomas II Jours	detrer Address Fraun Grove Pa Date signed 2/2/46

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How long in above place of death?..... Hospital, Institution, or street address where death occurred:

(If outside city or town limits, write RURAL and give nearest town)

8.(a) Single, married, widowed

If less than one day

1. PLACE OF DEATH

How long in hospital or institution?.. 3. (a) FULL NAME

6.(b) Name of husband or wife

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace ...

10. Usual occupation.

11. Industry or business

13. Birthplace

8. AGE:

every item of ite the causes

ADING INK. Physicians: pl

important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1313

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				10.00	

CERT	IFICA?	TE OF	DEATH

TE OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:
State Co	nate / Joseph d
	ts, write RURAL and give nearest town)
Street No. (11 rural, giv	LOCATION)
2.(a) If veteran, name war	WW
	3. (b) Social Security Number
	rone
MEDICAL C	ERTIFICATION / + 4
21. I CERTIFY that death occurred on the date all factors and that I last saw h	46 10 7=6 11 1946 =6 10-1946 19
Immediate cause of death	DURATION
Due to Abypertension -)	Tophits (chronic)
Due to	
Due to	
Dther conditions	
(Include pregnancy within 3	months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at home, farm, Industry, public place (where?)

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

14. Maiden na 15. Birthplace 14. Malden name

Address (Burial, eremation, or removed, Which?) Cemetery or crematory.

(Date rec'd by registrar)

Address

22 SIGNATURE

Means of injury

Registrar

M. D. or other Date signed

(County)

Injured at work?

PLEASE

WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 754

CERTIFICATE OF DEATH

E OF DEATH	Rog. Dist. No.
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
State Md.	County HAR FORD
City or town A bead (If outside city or town li	mits, write RURAL and give nearest town)
Street No. 16 Roger:	5 ST.
(If rural,	give LOCATION)

3. (b) Social Security Number

DURATION

-	-	-	-		-
-	4	For 1	12.2	37 A B	187
3.	(4)	ru	مادار	NAN	lL.
	1-1				

8. AGE:

Now long in hospital or institution?.

1. PLACE OF DEATH:

How long in above place of death?.....

Hospital, Institution, or street address where death occurred

(If outside city or town limits, write RURAL and give nearest town)

7. Birth date of September 12, 1870. deceased (mo., day, yr.)

It less than one day

75

9. Birthplace BALTIMORE MY (Town, county, and state)

10. Usual occupation I husician

11. Industry or business 12 Name Eduaed William Keiete

Germany.

ucindad Budd MARU E 15. Birthplace

PARKER

eedeen

(Burial, cromation, (month) (day) (year) Which? Cemetery pr-gramatory

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from

Immediate vause of death

(include pregnancy within 8 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Where did injury occur? (City or town) (County) injured at home, farm, industry, public place (where?)

Injured at work? Means of Injury

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WRITE

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BUTTANT TO VIDE LACTO BYATE OWNER,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //07

CERTIFICATE OF DEATH

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. Date signed 2/28/46

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stafe County Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give (OCATION) 2.(a) If reteran, name war
	10/10 C : 10 14 N - 1-
3.(a) FULL NAME George Fraublin Lee	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Felt 28 18.46 at 2 A
8.(6) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Lel Z. 6. 19.46. to Fel Z. 8. 18.46. and that I last saw here. alive on Fel Z. 6. 19.46.
7. Birth date of deceased (mo., day, yr.) fan 17, 1946 8. AGE: Years Months Bays If iese than one day	Immediate cause of death. OURATION 2004
9. Birthplace (Town, county, and state)	Oue to.
10. Usuel occupation	Que to
12. Name. Expest Lee	Other conditions
14. Maiden name anna Mc Mullon 15. Birthplace La Vandon Co., Va,	(Include pregnancy within 5 months of death) Major findings of operations.
En County (N. X 01	Autopsy results.
Address Street Md, R.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial (Burial, Oregani, Willely) (Burial, Committon, Or regard, Willely) (Burial, Committon, Or regard, Willely)	22. VIOLENCE: If death was due to external ceuses, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. Claryes Craful Cem	Where did injury occur?
Location Transford	finjured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Address & arlington Md	on CLONATURE Wellard P. Keedson
19. Feb. 28 19 46 M. G. Kirk (Date red dy registrar) Registrar	Address Loust Liel M. D. or other Address Loust Liel M. D. are signed 2/28/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore x

CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No	2.1
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Ohio City or town Conneaut (If outside city or town limits, write RURAL and give nearest Street No. 530 Shackson Street, (If rural, give LOCATION) World War II	town)
3.(a) FULL NAME Joseph P. Mundi	3. (b) Social Security Num ASN 15 214 179	ber
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE DF DEATH 16 Feb 46 19 19 11	0300 Am
6.(b) Name of hosband or wife Single 6.(c) If alive, give age years 7. Birth date of February 30, 1928	21. I CERTIFY that death occurred on the date above stated: that I attended deceased f. From 11-10 9 Feb. 19.46., to 0300 16 Feb.	rom b. 1946
7. Birth date of deceased (mo., day, yr.) February 10, 1928, 8. AGE: Years Mosths Days If test than one day	and that I last saw h im alive on 1110 16 Feb Immediate cause of death Scarlet Fever	DURATION
18 18 0 6 hrs. min. S. Sirthplace Conneaut, Ohic (Town, county, and state) 10. Usual occupation Soldier 11. Industry or business 12. Hame 13. Sirthplace	Due to	
14. Maiden name Ruby Mundi 15. Birthplace unknown	(Include pregnancy within 3 months of death) Major findings of operations.	
16. toformant Ruby Mundi (mother) Address 530 Shackson st., Conneaut, Ohio.	Autopsy results Louis and many RUL: foral press PHYSICIAN: Please underline the cause to which death should be charged statis	romia both
Cemetery or grematory and act the control of the co	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	ite)
Address Obergdon Maryland 19. February 19. Wellie H. Xilay (Date rec'd by registrar) 19. February 19. February 25. 25. 45.25. 10.25.	23. SIGNATURE Thomas S. Harve, M. D. or oth Thomas Harve Date signed.	y M.D.

MAR 2 1945 ML BURFAU V.E. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72)

CERTIFICAT	TE OF DEATH Reg. Dist. No. 185
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Warford	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Many Land County Hawford Cecil
How long in above place of death? 12 aays	City or town. (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Hanford Memorial Hospital.	Street No. 160 S. Mich
How long to hospital or institution? 12 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Trivin Charles //ar	vell 216-09-6224
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE W MARRIED	20. DATE OF DEATH. 2 - 26 19 46 at 12 A N
6.(b) Name of husband or wife. amelia Marvell.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
1/3	The first deall occurred on the date above states; that I stiended deceased from
7. Birth date of	and that I last saw h alive on Till 26 1946
deceased (mo., day, yr.) 6-//-0/	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Faction 12th Donal &
44 8 15min.	2 21-1-1 0 11 7 1
9. Birtholace Part Desocit Harry Mary Mary last	Due to The State of This
(Town, county, and state)	Francisco 10-11 Pits left
18. Usual occupation Riggle	Due to Paralester Glass
11. Industry or business Ship building	Al al
12. Name John Kauson Harvell	Other conditions of the following the conditions of the conditions
\$ 13. Birthplace Ceril Co. mauriand.	
£ 6/1- Q.	Occidental fall, and a thing Coule R (Include prognancy within 8 months of death)
14. Maiden name Lange Land Land Land	Major findings of operations
0 - 0 - 20 - 10	Date of op.
16. Informant	Autopsy results
Address blo S. main st. Port Debout, mo.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17 Qurial Date thereof Feb 28, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (yeaf)	Accident, suicide, or homiside
Cemetery or crematory	Where did injury occur?
Location Colored Miles Trural	Injured at home, farm, industry, public place (where?)
18. Funeral director & le a Tallerann 4 Son	Means of Injury Injured at work?
Address Perryville, and.	Mento Value 1. 1
1. 74-28 6 16 a. L. Lewis m. b.	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address Hours de Drace Wate signed 2/26/7

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2/

CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH: //arfard	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn injunts give residence of mother)
(Pinal-Childing	State Md County Sarford
(If ontside city or town limits, write RURAL and give nearest town)	City or town Abecdeen ms
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 666 CO. Oel aw dos
How long in hospital or institution? 2 eyes	(If rural, give LOCATION)
4	2.(a) If veteran, came war
3. (a) FULL NAME	3. (b) Social Security Number
LOILIE E. OSBORN	noue.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tunale While Widowed	20. DATE OF DEATH. Feb 18 46 at 12:30 M
6.(b) Name of husband of wife Office TV. O Blown	21_I CERTIFY that death occurred on the date above stated: that I atlended deceased from
7. Birth date of	and that I last saw here alive on Fels 14 1946
deceased (mo., day, yr.) June 24, 1861	Immediate consecut death DURATION
8. AGE: Years Months Days It less than one day	Chr Mystardial
84 7hrsmin.	1 Desert ?
9. Birthplace Aberdelw Hatford Co. Med	Due to.
10. Usual occupation. Movie	
	Oue 10
11. Industry or business	
12. Name Charles W. Jackson.	Other conditions
	(Include pregnancy within 8 months of death)
5	Major findings of operations.
15. Birthplace Weller nd	Date of op
16. Interment We alongy. Open	Antopsy results.
Address 666 Cb. By I are ave.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
(Burial, cremation, or remove), Which?) Daie thereof. Leb. 2/ /94/o (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, tilt in the tollowing: Accident, suicide, or homicide
(190 /0 - 0 0 /	
Cemetery or orematery	Where did injury occur?
Location aberdeen M.S.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Thurst January & Sous	Means of Injury Injured at work?
Address Obtrdeen Md.	23. SIGNATURE Willard P. Bussan
18. 2/20 18 H6 Muella Toword Registrar	Address Firest Sile Med Bate signed 2/18/41

MANAGEMENT OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83%)

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CERTIFIC	CAIE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town	State Alange County & County
How long in above place of death?	City or town (If outside city or town limits, write RUR L and give nearest town) Streel No. 6 2
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
H. Carylle asmo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White manus	20. DATE OF DEATH 16 19.76, 21 10:254
8.(b) Name of husband or wife Margaret Hammond	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age. 6.6	19. 76. to Fact 16 19. 6.
7. Birth date of deceased (mo., day, yr.) July 16-1876	and that I last saw h A alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
69 6hrs.	min.
Thank de Mise	(Indust Humonland
(Town, county, and state)	Due to.
D. Usual occupation. Celica	Due to Clashour Tarlow
1. Industry or business	
12. Name January Osmond 13. Birthplace Muhum	Other conditions
3. Birthplace Makenon	
14. Maiden name	(Include prognancy within 3 months of death)
15. Birthplace	Major findings of operations
1.1 b. + 1 (W. 10	Date of op.
18, Informant	Antopsy results
Address I fame de mace	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burlal, cremation, or remy val. Which?) (Burlal, cremation, or remy val. Which?)	Accident, suicide, or homicide
Cemetery or crematory Chargel Total	Where did injury occur?
Location Lyune de Draco	Injured at home, farm, industry, public place (where?)
B. St. L. Den	Means of Injury Injured at work?
18. Funeral director	
Address Home detallage	23. SIGNATURE CHILLES & John AMS
19. Tet. 18 19. 66 a. X. Lewis 7	N. D. or other
(Date rec'd by registrar) Rej	egistrar Address June 1

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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2411 N. Charles St	., Baltimore (159)
CERTIFICATE	OF DEATH

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4	Reg.	Diat.	No.	182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Baby Sechrist	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Subject 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) & Jell 21, 1946 8. AGE: Years Months Bays If less than one day hrs. ZZ min.	and that I last saw between live on Fells 2. 2. 18 & C. Immediate cause of death DURATION Press alexales 7 Mas fellis
9. Birthplace	Due to
12. Name. Harry Sechrist 13. Birthplace Harl, to mae Belcher 14. Maiden name. Urgie Mae Belcher 15. Birthplace	Cither conditions (Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mrs Curgie Sochrist Address Bel Cor Ind	Antopsy results
17. Burial (Burial, cremation, or remotal, Which?) Cemetery or ponatory. Auguston - Louis (Hay) (year) Location of ower solvanes of the control of the con	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. All Farmulis. Address Bel aio. IMA 19. 2/27 18 46 Priscella Forward (Date res'd by registrar) Registrar	Means of injury Injured et work? 23. SIGHATURE Welcard P. Leadson M. D. or other Address Locat Leel 202 Date signed 2527646

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MAR 1 1946 BUREAU V E

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164

CERTIFICATE OF DEATH

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2.5 4.8 5.8 Kospital, institution, or street address where death occurred:			RURAL and give nearest town)	City or town	County	earest town)
3. (a) FULL N.	AME C.	. tic	s W. Suite		3. (b) Social Security	y Number •
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL 20. DATE OF DEATH.	CERTIFICATION	145
B.(ô) Name of husb	band or wife	2 tum	Suita	21. I CERTIFY that death occurred on the date	ebove stated; that I attended dec	ceased from
7. Birth date of deceased (mo., d	A I	6.(c) If alive, give egeyears	and that I last saw halive on		
8. AGE: 1	fears Months	Days	If less than one day	Immediate cause of death woun	& left	DURATION
9. Birthplace 1D. Usual occupati	Mouthet Carpe	Wilson, connty, and		Due to		•••
11. Industry or bus 12. Name 13. Birthplace	John	Suit.		Dther conditions		
14. Malden na 15. Birthplace	me Cora	4 P.C	Kins	(Include pregnancy within		
18. Informant	John So		4 1	Antopay results	•••••••••••	***********************
Address Bulland Burlal (Burlal, cremation, or remeyal, Which?) Cametery or crematory Call Grove Call Grove Call Grove Call Grove			eof Feb 20/46 (ment) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide. Where did injury occur?	causes, fill in the following; Date of	2/17/46
Location		's Cor	<u> xxr</u>	Injured at home, farm, Industry, public place Means of Injury		no NP.
Address Be JAir, Md 19 1946 Priscilla Forward			cella Towood	23. SIGNATURE Pefenty Mes	sevely M.D.	or other 2/17/46

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MARYLAND STATE DEPARTMENT OF HEALTH *

2411 N. Charles St., Baltimore

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Dist	B.	18	5	-6

CERTIFICA	TE OF DEATH Reg. Diet. No. 185
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County (Sanface)
How long in above place of death?	(if outside city of town limits, write RURAL and give nearest town)
Harford Memorial Mospila	Streel No
How long in hospital or institution?	2.(a) If veteran, name war
Mande M. Taylor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, and vorced	MEDICAL CERTIFICATION
Temal white married	20. DATE OF DEATH. Feb. 28 19 46 at 4:45 P
6.(6) Name of husband or wife. Lawrence M. Jaylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Aug. 19, 1880	and that I last saw h
deceased (mo., day, yr.) aug. / 9/ 880 8. AGE: Years Months Days If less than one day	Immediate pause of death DURATION
6 5	the second secon
9. Birthplace /3 although on Md. (Town, county, and state)	Bue to
10. Usual occupation.	Due to Colores :
11. Industry or business	95 10
12. Name (1) ella R. Lucas 13. Birthplace Maryland	Other conditions
	(Include pregnaucy within 3 months of death)
15. Birthplaco Marylane	Major findings of operations.
18. Informani Ma Jawani M. Taylon	Autopsy results
Address (unlyman mg	PHYSICIAN: Please underline the cause to which death should he charged statistically.
(Burial, cremation, or removal. Which?) Date thereel	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide
Gemetery or crematory	Where did injury eccur?
Location Dryman man	Injured at heme, farm, Industry, public place (where?)
18. Funeral director. Hany Jaguing Stand	Means of Injury Iojured at work?
Address Celerolen my	Leulas I tolem mx
19 Marsh 3 19 X 6 W. Lewis on A	23. SIGNATURE M. D. or other

Registrar Address Vous

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correcting is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	930
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CERTIFICATE	OF	DEA	TH
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CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town. (17 outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME William Pscar	Taylor 3. (b) Social Security Number 986
Male Black Married, widowed, or divorced Male Black Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Crescel Saylor 6.(c) If alive, give age 52 7. Birth dale of	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from
7. Birth date of deceased (mo., day, yr.) Apr. 11, 1896	and that I last saw have alive on 19.
8. AGE: Years Months Days if less than one day H. Months Days if less than one day hrs. min. 9. Birthplace (Town, county, and grate)	Durany Thrombones 2.7-46 Due to.
10. Usual occupation. Sun Ship Gard 11. industry or business and Chesley, Soften.	Due 10 Lusino myrocarlets 1-14-4-2 Diter conditions
12. Name William Henry Daylor 13. Birthplaco Georged Warlield	(Include pregnancy within 3 months of death)
14. Maiden name Georgia Warfeeld 15. Birthplace	Major fisdings of operations
Address Have de Grace, M.d.	Autopsy results
Burial (Burial, cremation, or remove? Which?) Bate thereof. (ponth) (day) (year)	22. VIOLENCE: It death was due to external causes, f!!! In the tollowing; Accident, suicide, or homicide
Cemetery or crematory. Strawel Fell	Where did injury occur?
18. Funeral director. Maduson Mutchell	Injured at home, farm, Industry, public place (where?) Means of Injury injured at work?
Address D'Awrede Grace, Md.	23. SIGNATURE Cercle For away My.D
19. Lut - 9 (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address / Jame le Galel Bate signed 2 46

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FEB 12 1946
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VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13Fa

CERTIFICATE OF DEATH

Reg. Dist. No.2/82

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Hartor	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mo County the tort
How long in above place of death? 235 445	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Martin & Wilson	WILSON 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	
m w	MEDICAL CERTIFICATION
11/1	20. DATE OF DEATH Feb 13 1946, at 3: A M
6.(b) Name of husband or wife. LLV Na L Wilson	21. I DERTIFY that death recoursed on the date above stated; that I attended deceased from
Otto Hamo of michigan and michi	Jau 3 1 19 46 to Feb 13 18 46
7. Birth date of	eng that I last saw h war alive on Tal 12 19. 16.
deceased (mo., day, yr.) May 10/1882	Immediate cause al death
8. AGE: Years Months Days If less than one day	Che myorardial Desease 1040
63min.	Che Intersaction hophretis
a Blothalasa M. Co	Que to Week hyperlystin 242.
9. Birthplace (Town, county, and state)	
1D. Usual occupation. Retire &	J
11. Industry or business	Due to
	Cha Banial as and a 54
A/A	Other conditions 41 5 7 6 11 6 11 11 11 11 11 11 11 11 11 11 11
	(Include pregnancy within 3 months of death)
14. Malden name FMILINE COX 15. Birthplace NC	Major findings of operations
S 15. Birthplace NC	Date of op.
Par Jullane	
	Antopsy results
Address Beldir, Md Rural #87	22. VIOLENCE: If death was due to external causes, fill in the following;
Bate thereof (month) (day) (year)	Accident, suicide, or homicide
AA+D:	
Cemetery or crematory.	Where did injury occur?
Location Fountain Green Hartord Co.	Injured at home, farm, Industry, public place (where?)
16. Funeral director Deany Later	Means of Injury Injured at work?
Address Beller mel	141
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE Childred P. Hedson
19 2/14 1946 Mocilia Forward	7000 A 1100 M.D. or other
(Date rec'd by registrar) Registrar	Address fully Decl. Date signed 2/13/46

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